

KAPI'OLANI MEDICAL CENTER  at Pali Momi	NAME: BACHMAN, DANIEL M.R. NUMBER: 15-20-04 ROOM NO. ATTENDING PHYSICIAN: TERRY SMITH, M.D. DATE OF SERVICE: 3/9/99 ADMIT DATE: DISCH. DATE:
	OPERATIVE REPORT

PREOP DIAGNOSIS: Central disc herniation, C4-5.

- PROCEDURE:**
1. Intercervical fusion.
 2. anterior discectomy, foraminotomy, C4-5.
 3. Left iliac bone graft, tricortical.

POSTOP DIAGNOSIS: Central disc herniation, C4-5.

SURGEON: Terry Smith, M.D.

ASSISTANT: D. Mondy, R.N.

ANESTHESIOLOGIST: Gilbert Korenaga, M.D.

ANESTHESIA: General endotracheal anesthesia.

INDICATIONS FOR PROCEDURE: The patient is a middle-aged gentleman with protracted neck pain of many years, which has slowly progressed, at this time requiring narcotic medication on a daily basis to control it. MRI scan showed severe central disc herniation at cervical 4-5. Failing conservative care, he is scheduled for operative treatment at this point in time.

PROCEDURE: The patient was brought to the operating room where satisfactory general endotracheal anesthesia was obtained. His arms were gently restrained and he was given 2 grams of Kefzol prophylaxis. His anterior neck and left hip were then prepped and draped in the usual sterile fashion. Standard incisions were then placed in the neck and hip. Both were infiltrated with 10 cc of 1% Marcaine. The incision in the neck was then carried deeply through subcutaneous tissues to the platysma which was divided longitudinally. Dissection medial to the carotid sheath made bluntly down to the pre-vertebral fascia which was incised. X-ray was then taken, showing the marker to be at cervical 5-6. Dissection was carried up to the next disc segment, cervical 4-5, which was marked and retractors placed. The disc was then incised and removed piecemeal. Depth gauge was used to measure the depth and a 12-mm _____ placed in the center portion. The remainder of the posterior vertebral body was removed with _____ bur. Formal foraminotomies were performed bilaterally. Subsequent to this, the incision in the left hip was then carried deeply to the iliac crest, where a 14-mm _____ dowel was removed. This was packed with Thrombin and Gelfoam, and later closed using 0 Vicryl for the gluteal fascia, 2-0 Vicryl for subcutaneous tissues, and running 4-0 Monocryl. Prior to closure, injection of 3 cc of combination of 3 cc Marcaine and 1 cc Decadron 4 mg was placed in about the muscle, the other cc being placed in the neck, subsequent closure. This iliac crest dowel was then incised and shaped. The interspace was distracted and it was gently tapped into place. The wound was irrigated before and after. Morselized bone was then placed along the remainder of the disc.

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EXHIBIT 8